

03500.010853.2



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: P. Schwartz
Kenichi MORIYA, et al.)	
	:	Group Art Unit: 1774
Appln. No.: 09/870,590)	
	:	
Filed: June 1, 2001)	
	:	
For: RECORDING MEDIUM AND)	October 12, 2004
IMAGE-FORMING METHOD	:	
EMPLOYING THE SAME)	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action mailed July 13, 2004, the Examiner is requested to amend the above-identified application as follows.



JFW/AF
A

In re Application of:

Docket No. 03500.010853.2

Kenichi MORIYA, et al.

Application No.: 09/870,590

Examiner: P. Schwartz

Filed: June 1, 2001

Group Art Unit: 1774

For: RECORDING MEDIUM AND IMAGE-
FORMING METHOD EMPLOYING
THE SAME

Date: October 12, 2004

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.


☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10	MINUS	20	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	1	MINUS	3	= 0	x \$44 \$88	\$ 0.00
Fee for Multiple Dependent claims \$150°/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a_____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Jean K. Dudek
Registration No. 30,938

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